



Zeneca Pharmaceuticals

Domain Facsimile

Approved by FDA on 3/22/04

Mr report #  
1999UW04196

JF/Date report #

FDA Use Only

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## A. Patient information

1. Patient Identifier [redacted] in confidence	2. Age at time of event: 52 yrs or Date of birth: 11/02/1947	3. Sex <input type="checkbox"/> female <input checked="" type="checkbox"/> male	4. Weight 143 lbs or [redacted] kgs
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## B. Adverse event or product problem

1. <input checked="" type="checkbox"/> Adverse event and/or <input type="checkbox"/> Product problem (e.g., defects/malfunctions)	
2. Outcomes attributed to adverse event (check all that apply)	
<input type="checkbox"/> death (month/yr)	<input type="checkbox"/> disability
<input checked="" type="checkbox"/> life-threatening	<input type="checkbox"/> congenital anomaly
<input checked="" type="checkbox"/> hospitalization - initial or prolonged	<input checked="" type="checkbox"/> required intervention to prevent permanent impairment/damage
<input type="checkbox"/> other: _____	
3. Date of event (month/yr) 11/18/99	4. Date of this report (month/yr) 01/17/00

## 5. Describe event or problem

## NON-INFECTIOUS HEPATITIS

A report has been received from a clinical pharmacist concerning a 52 year old diabetic male patient who started taking Seroquel at a "low dose" in late September 1999.

Concomitant medications included Depakote, Lithium carbonate, thyroid medication, a proton pump inhibitor, Pancrease and Insulin. The patient was hospitalized on about 20-Nov-1999 for non-infectious hepatitis. Lab values were as follows: peak SGOT=1775, peak SGPT=2122, INR=2.3, bilirubin=4.1, direct bilirubin=3.0, alk phos=187, increased ammonia. No indication of hepatitis virus was found. Seroquel was discontinued on 21-Nov-1999, and the patient received treatment including Vitamin K. On 22-Nov-1999, his \*

## 6. Relevant tests/laboratory data, including dates

\*

## 7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

ALCOHOL ABUSE, HYPOTHYROIDISM, SULFA ALLERGY, MILD DEMENTIA

Concomitant disease(s): INSULIN DEPENDENT DIABETES, POST-TRAUMATIC STRESS DISORDER, GASTROESOPHAGEAL REFLUX DISEASE, PANCREATIC \*

## C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)	
#1 SEROQUEL "ZENECA"	
#2 SEROQUEL "ZENECA"	
2. Dose, frequency & route used	
#1 100 MG QD PO	3. Therapy dates (if unknown, give duration) #1 22-SEP-99 to 20-NOV-99
#2 200 MG QD PO	#2 22-SEP-99 to 20-NOV-99
4. Diagnosis for use (indication)	
#1 *	5. Event abated after use stopped or dose reduced #1 <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply
#2 *	#2 <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply
6. Lot # (if known)	
#1 NI	7. Exp. date (if known) #1 NI
#2 NI	#2 NI
8. NDC # - for product problems only (if known)	
#1 NI	#2 NI
10. Concomitant medical products and therap dates (exclude treatment of event)	

Name: DEPAKOTE Dates: ??-NOV-95 to 21-NOV-99

Name: LITHIUM CARBONATE Dates: ??-JUL-98 to 21-NOV-99

Name: THYROID MEDICATION Dates: \*

## G. All manufacturers

1. Contact office - name/address (& mfring site for devices) Zeneca Pharmaceuticals A Business Unit of Zeneca Inc Wilmington DE 19850-5437	2. Phone number 1 302 886-2127
3. Report source (check all that apply) <input type="checkbox"/> foreign <input type="checkbox"/> study <input type="checkbox"/> literature <input type="checkbox"/> consumer <input checked="" type="checkbox"/> health professional <input type="checkbox"/> user facility <input type="checkbox"/> company representative <input type="checkbox"/> distributor <input type="checkbox"/> other: _____	
4. Date received by manufacturer (month/yr) 01/13/00	5. (A)NDA # 20-639 IND # _____ PLA # _____ pre-1938 <input type="checkbox"/> yes OTC product <input type="checkbox"/> yes

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6. If IND, protocol #

7. Type of report (check all that apply)  
☐ 5-day ☒ 15-day  
☐ 10-day ☐ periodic  
☐ Initial ☒ follow-up # 2

9. Mfr. report number  
1999UW04196

## E. Initial reporter

1. Name, address & phone # [redacted] VA PALO ALTO 3801 MIRANDA AVE / SUITE [redacted] PALO ALTO, CA 94304 USA		2. Health professional? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	3. Occupation *	4. Initial reporter sent report to FDA <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
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FDA

Domain Facsimile of

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

\* Item completed on continuation pages



Zeneca Pharmaceuticals

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Approved by FDA on 2/23/94

Mr report #  
1999UW04196

JF/Net report #

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<b>A. Patient information</b>			
1. Patient Identifier [redacted] in confidence	2. Age at time of event: or _____ Date of birth: _____	3. Sex <input type="checkbox"/> female <input type="checkbox"/> male	4. Weight _____ lbs or _____ kgs
<b>B. Adverse event or product problem</b>			
1. <input type="checkbox"/> Adverse event and/or <input type="checkbox"/> Product problem (e.g., defects/malfunctions)			
2. Outcomes attributed to adverse event (check all that apply)			
<input type="checkbox"/> death _____ (months/years)		<input type="checkbox"/> disability	
<input type="checkbox"/> life-threatening		<input type="checkbox"/> congenital anomaly	
<input type="checkbox"/> hospitalization - initial or prolonged		<input type="checkbox"/> required intervention to prevent permanent impairment/damage	
<input type="checkbox"/> other: _____			
3. Date of event (month/year)	4. Date of this report (month/year)		
5. Describe event or problem			
6. Relevant tests/laboratory data, including dates			
7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)			

<b>C. Suspect medication(s)</b>			
1. Name (give labeled strength & mfr/labeler, if known)			
#3 <b>TYLENOL W/CODEINE NO. 3</b>			
#4 <b>TYLENOL</b>			
2. Dose, frequency & route used		3. Therapy dates (if unknown, give duration) (month/year to month/year)	
#3 <b>NI</b>		#3 <b>NI to NI</b>	
#4 <b>NI</b>		#4 <b>NI to NI</b>	
4. Diagnosis for use (indication)		5. Event abated after use stopped or dose reduced	
#3 <b>PAIN</b>		#3 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply	
#4 <b>PAIN</b>		#4 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply	
6. Lot # (if known)		7. Exp. date (if known)	
#3 <b>NI</b>		#3 <b>NI</b>	
#4 <b>NI</b>		#4 <b>NI</b>	
8. NDC # - for product problems only (if known)			
#3 <b>NI</b>		#4 <b>NI</b>	
10. Concomitant medical products and therapy dates (exclude treatment of event)			
<b>G. All manufacturers</b>			
1. Contact office - name/address (& mailing site for devices)		2. Phone number	
<b>JAN 19 2000</b>		3. Report source (check all that apply)	
		<input type="checkbox"/> foreign <input type="checkbox"/> study <input type="checkbox"/> literature <input type="checkbox"/> consumer <input type="checkbox"/> health professional <input type="checkbox"/> user facility <input type="checkbox"/> company representative <input type="checkbox"/> distributor <input type="checkbox"/> other:	
4. Date received by manufacturer (month/year)	5. (A)NDA # _____ IND # _____ PLA # _____ pre-1938 <input type="checkbox"/> yes OTC product <input type="checkbox"/> yes	8. Adverse event term(s)	
6. If IND, protocol #	7. Type of report (check all that apply) <input type="checkbox"/> 5-day <input type="checkbox"/> 15-day <input type="checkbox"/> 10-day <input type="checkbox"/> periodic <input type="checkbox"/> Initial <input type="checkbox"/> follow-up # _____		
9. Mfr. report number			
<b>E. Initial reporter</b>			
1. Name, address & phone #			
<b>DSS</b> <b>JAN 21 2000</b>			
2. Health professional? <input type="checkbox"/> yes <input type="checkbox"/> no		3. Occupation	
		<b>ADVERSE EVENT REPORTING SYSTEM</b> sent report to FDA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	

**FDA**

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\* Item completed on continuation pages



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<b>MED WATCH</b>	A.1. Patient Identifier	G.9. Mfr. report number	Page 3 of 5
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B.5. Describe event or problem

[continuation:] lab values were: SGOT=488, SGPT=1545, INR=1.7, alk phos=211. The patient had baseline lab values taken on 31-Oct-1999, which were normal, including SGOT=12, SGPT=7. Follow-up has been requested.

\*Follow-up received 23-Nov-1999: A medical student reporting on behalf of a physician states that the patient started Seroquel 100 mg daily on 27-Oct-1999 for bipolar disorder and post-traumatic stress disorder. The patient was diagnosed with acute hepatitis on 20-Nov-1999, and Seroquel was discontinued that day. Depakote was also discontinued. See revised lab values.

\*Follow-up 01-Dec-1999: Revised lab values are as follows: peak values for SGOT=2183, and peak Alk Phos=211.

\*Follow-up received 13-Jan-2000: The physician reports that the patient stopped all medications, and was provided vigorous hydration, lactulose, and vitamin K to improve INR. He experienced acute mental status changes, somnolence, brown urine and weakness. He recovered fully on 30-Nov-1999. The patient was also taking Tylenol and Tylenol #3 with codeine as needed for pain prior to the event. The patient has a history of alcohol abuse in remission for 6-12 months, but all hepatitis serologies were negative prior to the event. The physician believes that the event is possibly related to Seroquel, but also notes that the patient may have inadvertently overdosed on Tylenol, given that he had been complaining of pain and is not supervised for about ten hours daily.

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DSS

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ADVERSE EVENT REPORTING SYSTEM



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MED WATCH

A.1. Patient Identifier

G.9. Mfr. report number

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B.6. Relevant tests/laboratory data, including dates

[continuation:]

TOTAL BILIRUBIN	.6 MG/DL	10-SEP-1999	NORMAL
DIRECT BILIRUBIN	.2 MG/DL	10-SEP-1999	NORMAL
ALK-P	172 U/L	10-SEP-1999	INCREASED
AST	38 U/L	10-SEP-1999	INCREASED
ALT	44 U/L	10-SEP-1999	INCREASED
AST	12 U/L	31-OCT-1999	NORMAL
ALT	7 U/L	31-OCT-1999	NORMAL
CR	1.0 MG/DL	31-OCT-1999	NORMAL
BUN	16 MG/DL	31-OCT-1999	NORMAL
AST	1975 U/L	20-NOV-1999	INCREASED
ALT	1418 U/L	20-NOV-1999	INCREASED
BUN	42 MG/DL	20-NOV-1999	INCREASED
PT	32	20-NOV-1999	
ALB	2.4	20-NOV-1999	
AMMONIA	120 MCG/DL	20-NOV-1999	INCREASED
BILI	3.3 MG/DL	20-NOV-1999	INCREASED
INR	2.8	20-NOV-1999	
CR	2.5 MG/DL	20-NOV-1999	INCREASED
TOTAL BILIRUBIN	4.1 MG/DL	21-NOV-1999	INCREASED
DIRECT BILIRUBIN	2.2 MG/DL	21-NOV-1999	INCREASED
ALT	2122 U/L	21-NOV-1999	INCREASED
AST	2183 U/L	21-NOV-1999	INCREASED
ALK-P	165 U/L	21-NOV-1999	INCREASED
AMMONIA	120 MCG/DL	21-NOV-1999	INCREASED
TOTAL BILIRUBIN	4.1 MG/DL	22-NOV-1999	INCREASED
DIRECT BILIRUBIN	3.0 MG/DL	22-NOV-1999	INCREASED
AST	488 U/L	22-NOV-1999	INCREASED
ALT	1545 U/L	22-NOV-1999	INCREASED
ALK-P	211 U/L	22-NOV-1999	INCREASED
INR	1.7	22-NOV-1999	
AMMONIA	68 MCG/DL	22-NOV-1999	NORMAL
CR	1.0 MG/DL	22-NOV-1999	NORMAL
BUN	26 MG/DL	22-NOV-1999	INCREASED
PT	19.8	22-NOV-1999	
TOTAL BILIRUBIN	0.9 MG/DL	01-DEC-1999	NORMAL
DIRECT BILIRUBIN	0.4 MG/DL	01-DEC-1999	NORMAL
ALK-P	122 U/L	01-DEC-1999	NORMAL
AST	27 U/L	01-DEC-1999	NORMAL
ALT	140 U/L	01-DEC-1999	INCREASED
ALT	52 U/L	01-DEC-1999	INCREASED

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B.7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

[continuation:] INSUFFICIENCY

Race: CAUCASIAN

C.4. Diagnosis for use (indication) (Suspect #1)

BIPOLAR DISORDER, POST-TRAUMATIC STRESS DISORDER

C.4. Diagnosis for use (indication) (Suspect #2)

BIPOLAR DISORDER, POST-TRAUMATIC STRESS DISORDER

DSS

JAN 21 2000

ADVERSE EVENT REPORTING SYSTEM

INDIVIDUAL SAFETY REPORT



\*3446329-5-00-05\*

Zeneca Pharmaceuticals

<p><b>MED WATCH</b></p>	<p>A.1. Patient Identifier</p> <p>[REDACTED]</p>	<p>G.9. Mfr. report number</p> <p>1999UN04196</p>	<p>Page 5 of 5</p>
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C.18. Concomitant medical products and therap dates (exclude treatment of event)

[continuation:] Name: LANSOPRAZOLE Dates: ??-JAN-98, continuing

Name: PANCREASE Dates: ??-MAY-98 to 21-NOV-99

Name: NPH INSULIN Dates: NI, continuing

E.1. Occupation

DOCTOR OF PHARMACY

**JAN 19 2000**

**DSS**  
**JAN 21 2000**  
**ADVERSE EVENT REPORTING SYSTEM**